

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|---|----------------------|-----------------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: MS PCT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 10/541251-Conf. #3765 |
| | Filing Date | June 30, 2005 |
| | First Named Inventor | Jaemoon LEE |
| | Art Unit | N/A |
| | Examiner Name | Not Yet Assigned |
| | Attorney Docket No. | VT7-008US |

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number:

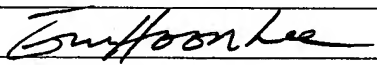
OR

| | | | | |
|--|---|-------|-------|-----------|
| <input type="checkbox"/> Firm or Individual Name | Kevin J. Canning LAHIVE & COCKFIELD, LLP | | | |
| Address | 28 State Street | | | |
| City | Boston | State | MA | Zip 02109 |
| Country | US | | | |
| Telephone | (617) 227-7400 | | Email | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
☐ Assignee of record of the entire interest.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ Attorney or agent of record. Registration Number L0248
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

| | |
|-----------------------|---|
| Signature |  |
| Typed or Printed Name | EuiHoon Lee |
| Date | June 22, 2006 |
| Telephone | (617) 227-7400 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

| |
|--|
| <input type="checkbox"/> *Total of <u>1</u> forms are submitted. |
|--|